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ABSTRACT

This Kids Count report focuses on the well being of Tennessee's teenagers. The statistical portrait is based on 10 indicators of well being: (1) teen pregnancy; (2) drug abuse; (3) HIV infection; (4) sexually transmitted diseases; (5) high school dropout; (6) scores on the American College Testing Program (ACT); (7) teen employment; (8) school violence; (9) teen crime; and (10) teen violent deaths. The report is presented in 10 sections, each describing the statewide findings on the indicators and delineating statistics for each county. Findings indicate that the teen pregnancy rate has begun to decline, with the 1992 rate the lowest since the mid-1980s. Some indications suggest that substance abuse among teens may have declined recently. The reduction in the rate and number of teens contracting sexually transmitted diseases is attributed to better education, clinical services, and medicine. The reduction in high school dropout rate is likely due to legislative and educational efforts. The average ACT scores of Tennessee students in 1993 was close to the national average. However, firearm-related school expulsions increased more than fivefold in three years, with the number of violence-related expulsions and the use or sale of drugs more than doubling. The number of violent crime court referrals more than doubled since 1984, and the number and percent of firearm-related teen deaths increased from 1984 to 1992. The report concludes by noting that prevention programs that succeed focus on early childhood and family interventions, school-based interventions, and community-based programs. (KB)

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THE TEEN REPORT

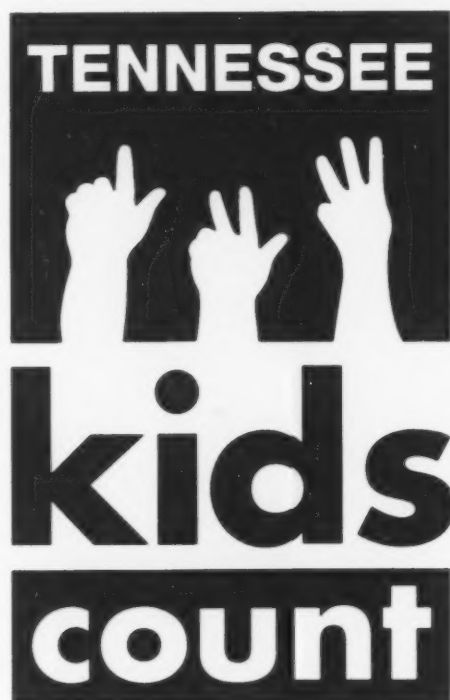
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A factual assessment of today's Tennessee teens.



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A Tennessee KIDS COUNT Project Report

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Tennessee KIDS COUNT

The Teen Report

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Introduction

"At adolescence, children begin to move toward an unknown future. The translucent walls of childhood no longer close them in, for suddenly they discover the wide gateways and the gates ready to swing open at the touch of the hand. The way is open for them to move away from the family ... away from the brothers and sisters who will always be older or young than they, and away from the playmates who shared their earliest games."

- from Margaret Mead and Ken Heyman, (1965) *Family*. NY: Ridge Press

Adolescence is a time for young people to make dramatic changes and adjustments in their social, personal, sexual, political, and vocational needs. Adolescence is also a period of striving for increasing emotional and financial independence from their parents.

The purpose of *The Teen Report* is to help improve programs and services for teens in Tennessee by providing timely and reliable information on the state's teens to citizens, advocates, policy makers, and political leaders.

The Teen Report is the fourth publication by the Tennessee Kids Count Project, which is administered by the Tennessee Commission on Children and Youth (TCCY). TCCY is an independent state agency that advocates for improvements in the quality of life of children and families; collects and disseminates information on children and families for the coordination of policies, programs, and services; and administers and distributes funding for improvements in juvenile justice.

Tennessee is one of 48 states to receive a four-year, \$400,000 Kids Count grant. The grant is funded by The Annie E. Casey Foundation, the nation's largest philanthropy devoted exclusively to disadvantaged children. Kids Count is a national and state-by-state effort to track the status of children in the United States. By providing policy makers and citizens with benchmarks of child well-being, Kids Count seeks to enrich local, state, and national discussions concerning ways to secure better futures for all children.

The Teen Report presents a mixture of good news and bad. There are improvements in a number of noteworthy areas, but no one should be surprised that issues of teen crime, school violence, and teen violent death raise cause for grave concerns. The media present stories highlighting problems in these areas almost daily.

Noteworthy findings in *The Teen Report* include:

Tennessee's teen pregnancy rate has begun to decline. The 1992 rate was the lowest recorded in Tennessee since the mid-1980s. The state's Adolescent Pregnancy Initiative is considered a factor in reducing the rate.

There are indications that abuse of alcohol and other drugs among teens may have declined recently. A comparison of 1990 and 1993 survey results shows fewer teens reported having ever consumed alcohol, marijuana and cocaine in 1993 than in 1990. Although drug-and-alcohol-related arrests have increased in some categories since the 1980s, they have declined in other categories.

In just one year, there was a 20 percent reduction in the rate and number of teens who contracted sexually transmitted diseases during each year. The decrease has been attributed to better education, better clinical services and better medicine.

The number and percentage of Tennessee students who drop out of school improved considerably in just one year - apparently the result of Tennessee legislation and education efforts designed to discourage dropping out.

In 1993, the average score of Tennessee students taking the ACT (American College Testing Program) test was within half of a percentage point of the national average.

The number of students expelled for possession of firearms in Tennessee increased more than fivefold in three years. The number of expulsions from Tennessee schools for violent acts or threats of violent acts against other students and school personnel more than doubled, and suspensions for possession, use or sale of drugs more than doubled during the same three recent years.

The perception that juvenile crime has increased considerably in Tennessee is well-founded. Since 1984, the number of referrals to juvenile courts in Tennessee for violent crimes has more than doubled.

A number of factors may explain the increase in violent juvenile crime. One of the most apparent is the relationship between living in a single-parent family and violent crime. Only 13.7 percent of juveniles referred to juvenile court for murder lived with both parents.

Aside from the effects of discrimination and prejudice, race is not considered a factor in violent behavior. Poverty, however, is considered to be a factor.

More than four percent of all Tennessee children under 18 years of age were referred to juvenile courts in 1992.

The number of teen firearm deaths has more than doubled since 1988. The percent of teen deaths caused by firearms has increased from 12.8 percent in 1984 to 30.2 percent in 1992.

While some of the news in *The Teen Report* is grim, other news is encouraging. Reductions in the teen pregnancy rate and the sexually transmitted disease rate, possible reductions in substance abuse, and ACT scores being very near the national average indicate state programs and public involvement can improve the well-being of teens in Tennessee.

Much attention is now being focused on the problems that are getting worse. If recent history is a predictor of the future, there is good reason to believe we can reverse these disturbing trends too.

And while state government, the citizens of Tennessee, parents and many dedicated professionals can take a lot of the credit for recent improvements, we must not forget who is ultimately responsible for the improvements in some areas and who suffers the most from the declination in other areas - today's Tennessee teens. ■

Teen Pregnancy

Tennessee Teen Pregnancy Rate Improves

Tennessee's 1992 adolescent pregnancy rate dropped to a level not reported since the mid-1980s. The pregnancy rate for 10-17 year olds decreased seven percent to 23.8 pregnancies per 1,000 females, down from 25.6 in 1991. Decreases occurred in rates for both white and non-white females from 1991 to 1992. The white rate declined 7.9 percent from 19.1 to 17.6. The non-white rate declined from 48.9 to 45.9, a decrease of 6.1 percent. While the pregnancy rate for 10-14 year olds remained stable at 3.2, the rates for 15-17 year olds decreased from 60.9 to 56.5. The most dramatic decrease occurred in the white 15-17 age group, which decreased from 46.5 to 42.8 - an 8 percent decrease. Unfortunately, county-by-county teen pregnancy rates for 1992 are not yet available so the 1991 pregnancy rates for teens aged 15 to 17 are reported in the map and table to the right.

One factor in the reduction of the teen pregnancy rate may be the advent of the state's Adolescent Pregnancy Initiative. The initiative focuses on three areas: preventing teen pregnancies; increasing community involvement and awareness of the problems of teen pregnancy; and improving teen pregnancy outcomes and parenting classes. Another factor may be the statutory requirement since the 1991-92 academic year that family life education be taught in Tennessee schools. The state family life curriculum stresses responsibility and family relationships, focuses on abstinence, and may include sex education.

Another factor may be local teen pregnancy prevention programs which are at least partially funded by state grants.

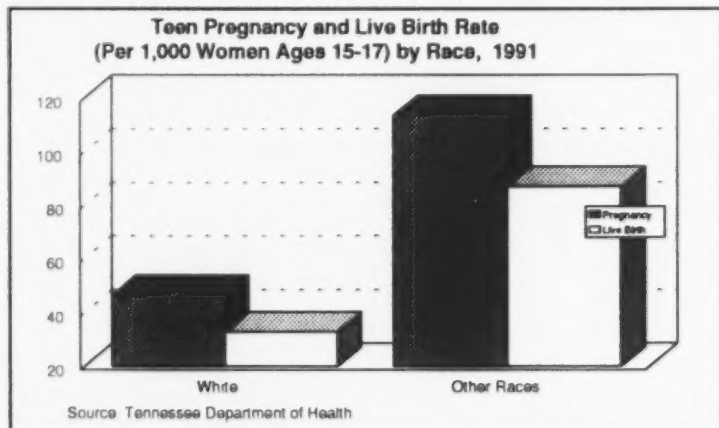
Among the reasons teen pregnancy is discouraged is early childbearing results in

negative medical consequences for mother and child. The worst physical effects of childbirth are suffered by mothers under the age of 15 who have greater risks of complications and mortality. Teen mothers under the age of 18 are also "more likely to have toxemia, anemia, and prolonged labor. Their babies are at higher risk of prematurity and low birth weight." [1]

Teens begin their pregnancies with many preexisting conditions, such as alcohol use, substance abuse, poor nutrition, sexually transmitted diseases, and anemia, that can produce negative outcomes. The consequences "stem from the problem behavior or illness, not from the mere fact of age at conception." [2]

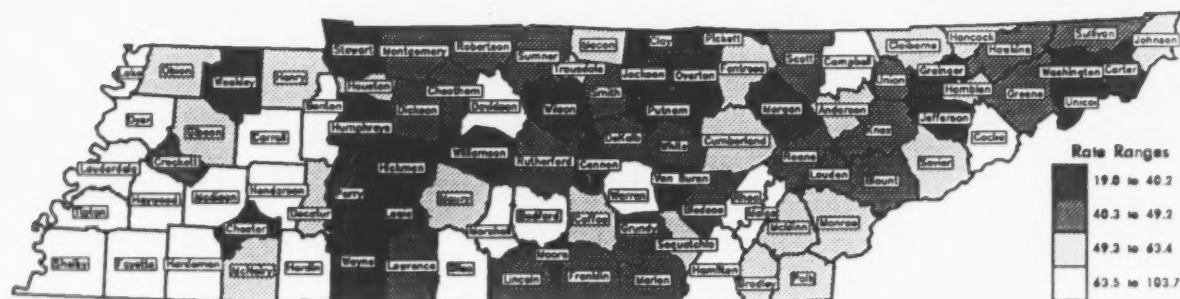
Compared to young women who delay childbearing until their twenties, teen mothers are generally socially disadvantaged. Teen mothers have reduced educational attainment, "unstable marriages and high divorce rates, or no marriage, more subsequent births closer together and unintended, lower status jobs, lower incomes, and in some cases, long-term welfare dependency. Adverse effects on children of teen parents include lower achievement, many more behavioral and emotional problems, high risk of becoming teen parents themselves, and a lifetime of poverty." [3]

In addition to the personal costs, the societal costs of teen pregnancy are tremendous. Public costs related to teen childbearing totaled \$120.3 billion in Aid to Families with Dependent Children (AFDC), Medicaid, and Food Stamps from 1985 through 1990. If each birth had been postponed until the mother was at least 20, an estimated \$48.1 billion could have been saved, according to a report by the U.S. General Accounting Office. [4]



Teen Pregnancy Rate (Per 1,000 Women Ages 15-17), 1991

Note: This rate is Per 1,000, NOT percent.



County	Teen Pregnancy	
	Number	Rate
Anderson	68	50.1
Bedford	43	64.6
Benton	21	68.4
Bledsoe	9	48.4
Blount	77	43.4
Bradley	92	53.6
Campbell	55	65.5
Cannon	8	38.5
Carroll	39	70.9
Carter	43	38.0
Cheatham	25	42.1
Chester	13	36.5
Claiborne	33	51.2
Clay	3	19.5
Cocke	42	65.5
Coffee	54	61.6
Crockett	12	45.3
Cumberland	42	57.5
Davidson	735	74.3
Decatur	12	60.0
DeKalb	14	46.4
Dickson	36	44.7
Dyer	71	91.1
Fayette	45	78.3
Fentress	19	54.0
Franklin	40	48.5
Gibson	54	56.4
Giles	38	64.7
Grainger	11	30.9
Greene	53	45.4
Grundy	14	40.8
Hamblen	56	49.9
Hamilton	412	69.6

County	Teen Pregnancy	
	Number	Rate
Hancock	7	50.7
Hardeman	51	96.6
Hardin	34	69.1
Hawkins	40	40.9
Haywood	45	103.7
Henderson	38	83.2
Henry	30	57.7
Hickman	14	40.2
Houston	8	49.4
Humphreys	13	40.1
Jackson	7	39.5
Jefferson	32	38.9
Johnson	18	63.2
Knox	327	46.2
Lake	12	88.2
Lauderdale	51	98.8
Lawrence	33	42.9
Lewis	8	38.1
Lincoln	26	42.6
Loudon	30	48.0
McMinn	58	62.7
McNairy	27	58.4
Macon	20	62.1
Madison	142	79.9
Marion	29	49.2
Marshall	30	64.1
Maury	69	63.4
Meigs	13	75.1
Monroe	41	53.5
Montgomery	103	47.8
Moore	4	36.0
Morgan	15	38.4
Obion	43	60.9

County	Teen Pregnancy	
	Number	Rate
Overton	15	39.8
Perry	4	29.4
Pickett	2	22.7
Polk	17	51.5
Putnam	50	38.3
Rhea	40	66.1
Roane	49	49.1
Robertson	39	45.3
Rutherford	123	41.0
Scott	21	48.8
Sequatchie	10	50.8
Sevier	59	54.1
Shelby	1,669	92.1
Smith	13	45.3
Stewart	5	25.1
Sullivan	134	45.8
Sumner	118	49.2
Tipton	57	66.8
Trousdale	7	60.9
Unicoi	7	19.1
Union	14	45.8
Van Buren	2	19.0
Warren	48	67.7
Washington	73	35.0
Wayne	12	39.2
Weakley	20	21.7
White	17	43.9
Williamson	45	23.9
Wilson	53	36.3

Tennessee **6,430** **60.9**

Source: Tennessee's Health - Picture of the Present, Part Two, Office of Health Statistics and Information, Division of Information Resources, Tennessee Department of Health, 1993.

What are the facts about teen pregnancy and teen births?

Not all sexually active teens are at equal risk of negative outcomes from their behavior. Young women who engage in sexual intercourse at an early age have a higher risk of unintended pregnancy, primarily because they are not using contraception. According to a 1979 Johns Hopkins Survey, only 31 percent of girls who had sex before they were 15

used any form of contraception. In contrast, for those who had first sex between 15 and 17 years, 52 percent used contraception. Older teens in stable relationships appeared to be able to use effective contraception. [5]

In Tennessee, 36.2 percent of teens in grades 9-12 had sexual intercourse before the age of 15, according to their responses to the 1993 Youth Risk Behavior Survey (YRBS). The YRBS solicited responses from 38 randomly selected Tennessee public schools in the self-reported survey of 3,691 students administered by the Tennessee Department of Health in conjunction with the Tennessee Department of Education.

Teens are having unprotected sex. The YRBS results showed that among 12th graders who were sexually active, 10.7 percent used no method of contraception. Unprotected sex is a greater risk for African-American teens than white, according to the YRBS results. Overall, twice as many African-American teens (17.2 percent) reported having unprotected sex compared to white teens (8.9 percent). The results of unprotected sex is apparent in teen pregnancy statistics. In Tennessee during 1991, 6,433 girls ages 15-17 became pregnant for a rate of 60.9 per 1,000 - slightly less than the 1990 teen pregnancy rate of 63.4.

In Tennessee, a greater percentage of all births are to single teens compared to the rest of the U.S. During 1991, 11.3 percent of all births in Tennessee were to single teens - nine percent is the U.S. average. [6] For all girls in Tennessee aged 15-17, both married and single, 4,703 gave birth for a rate of 44.5 per 1,000.

Approximately 41 percent of teen pregnancies result in abortion in the U.S. [7] Only 26 percent of teen pregnancies ended in abortions in Tennessee during 1991: there were 1,686 induced terminations for girls aged 15-17 and a total of 44 fetal deaths.

Girls who are achievers (e.g. who are doing well in school and expect to go to college), when confronted with teen pregnancy, obtain abortions, according to

findings from the National Longitudinal Survey of Youth. [8] Girls with low basic skill mastery from families living in poverty are five to seven times more likely to become mothers during their teen years than girls with average or better basic skills mastery and not from families in poverty. Research has shown that differences among whites, African Americans, and Hispanics were insignificant. It provides "strong confirmation for the 'underclass' theory - that increas-

ing numbers of young people in the United States are falling behind and being cast in roles that will prevent them from ever catching up and making it. Although race is a factor, poor achieving white youngsters have low odds for success as well." [9]

Young women who become teen parents are those who "enter into sexual relationships at very early ages and use no contraception. They are low achievers in

school, have poor prospects, and low expectations for the future. Girls who become teen mothers often have friends whose attitudes are accepting of early parenthood. Teen mothers come from poor families, frequently single-headed (mother) households, with low educational levels, and often their mothers were teen mothers as well as their older sisters. Girls who become teen mothers do not have parents who support or monitor them. Their homes are located in poverty areas ... with high unemployment rates." [10]

What do young people think about teen parenthood?

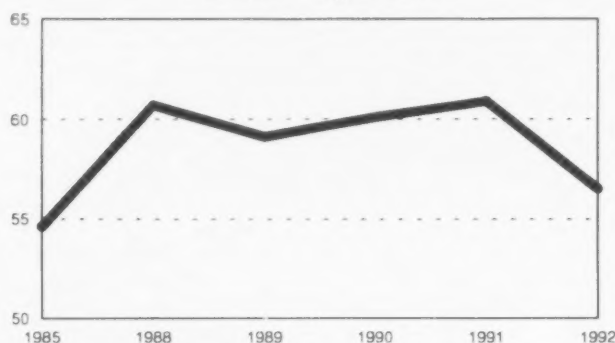
Most young people view teen parenthood negatively. In the 1987 national Survey of Children, four out of five youths aged 18-22 agreed that becoming a teen parent is one of the worst things that could happen to a 16-year-old girl or boy. [11]

For young teens who become parents, few want to be. Eighty-four percent of teen pregnancies for girls aged 17 and younger were unintended, according to the national survey. The pregnancies occurred sooner than desired or were not wanted at any time. [12] This is considerably more than older teens aged 18-19: approximately two thirds of births to older teens were described by the teen as having been wanted, according to the 1988 National Survey of Families and Households. [13]

Because adolescents are still in the process of forming their identities, establishing their self-confidence, and "learning how to manage relationships and intimacy, sexual activity before a young person is emotionally mature can be a painful and psychologically damaging experience." [14]

Tennessee Teen Pregnancy Rate

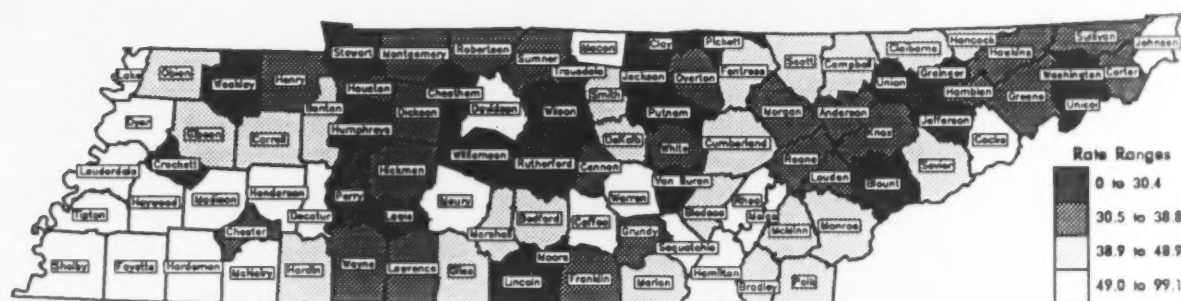
Per 1,000 - Ages 15-17



Source: Tennessee Department of Health

Teen Live Birth Rate (Per 1,000 Women Ages 15-17), 1991

Note: This rate is Per 1,000, NOT percent.



County	Teen Births	
	Number	Rate
Anderson	46	33.9
Bedford	30	45.0
Benton	15	48.9
Bledsoe	9	48.4
Blount	52	29.3
Bradley	67	39.1
Campbell	41	48.8
Cannon	7	33.7
Carroll	26	47.3
Carter	40	35.4
Cheatham	16	26.9
Chester	11	30.9
Claiborne	30	46.6
Clay	2	13.0
Cocke	34	53.0
Coffee	48	54.8
Crockett	7	26.4
Cumberland	33	45.1
Davidson	514	52.0
Decatur	12	60.0
DeKalb	13	43.0
Dickson	28	34.8
Dyer	55	70.6
Fayette	39	67.8
Fentress	15	42.6
Franklin	32	38.8
Gibson	46	48.1
Giles	25	42.6
Grainger	9	25.3
Greene	45	38.6
Grundy	13	37.9
Hamblen	43	38.3
Hamilton	307	51.9

County	Teen Births	
	Number	Rate
Hancock	6	43.5
Hardeman	44	83.3
Hardin	23	46.7
Hawkins	36	36.8
Haywood	43	99.1
Henderson	25	54.7
Henry	17	32.7
Hickman	13	37.4
Houston	5	30.9
Humphreys	9	27.8
Jackson	5	28.2
Jefferson	25	30.4
Johnson	16	56.1
Knox	227	32.1
Lake	11	80.9
Lauderdale	42	81.4
Lawrence	28	36.4
Lewis	6	28.6
Lincoln	17	27.8
Loudon	22	35.2
McMinn	45	48.6
McNairy	23	49.8
Macon	16	49.7
Madison	112	63.0
Marion	25	42.4
Marshall	19	40.6
Maury	55	50.5
Meigs	10	57.8
Monroe	34	44.3
Montgomery	78	36.2
Moore	2	18.0
Morgan	14	35.8
Obion	31	43.9

County	Teen Births	
	Number	Rate
Overton	13	34.5
Perry	4	29.4
Pickett	0	0.0
Polk	15	45.5
Putnam	38	29.1
Rhea	31	51.2
Roane	31	31.1
Robertson	30	34.8
Rutherford	90	30.0
Scott	19	44.2
Sequatchie	10	50.8
Sevier	46	42.2
Shelby	1,122	61.9
Smith	12	41.8
Stewart	4	20.1
Sullivan	102	34.9
Sumner	74	30.8
Tipton	49	57.4
Trousdale	3	26.1
Unicoi	6	16.4
Union	9	29.4
Van Buren	2	19.0
Warren	35	49.4
Washington	61	29.2
Wayne	10	32.7
Weakley	14	15.2
White	15	38.8
Williamson	29	15.4
Wilson	35	24.0
Tennessee	4,703	44.5
U.S.A.*	NA	38.7

Source: Tennessee's Health - Picture of the Present, Part Two, Office of Health Statistics and Information, Division of Information Resources, Tennessee Department of Health, 1993.

Note: * U.S. rate is from Monthly Vital Statistics Report, September, 1993, Centers for Disease Control and Prevention.

Drug Abuse

Is Teen Substance Abuse Growing?

Good data on drug abuse are difficult to gather. Some drug abuse data are gathered from self-reports, which may be neither objective nor reliable.

There are two sources of data regarding drug abuse among teens in Tennessee. One, the 1993 Youth Risk Behavior Survey [1] is a weighted survey of Tennessee high school students that relies on self-reporting. The other is records of referrals to juvenile courts.

These sources indicate that alcohol is overwhelmingly the drug of choice among Tennessee teens. Marijuana ran a distant second, and, perhaps surprisingly, cocaine and its various derivatives apparently ran a distant third.

A review of records compiled by the Tennessee Council of Juvenile and Family Court Judges shows 3,549 referrals were made to juvenile courts for alcohol possession, drinking or drunkenness in 1992. During the same year, 613 referrals were made for possession or sale of marijuana, and 599 referrals were made for possession of controlled substances.

The 1993 Youth Risk Behavior Survey shows that 76.8 percent of Tennessee high school students have taken at least one drink of alcohol, 32.5 percent have smoked marijuana, and 5.1 percent have taken some form of cocaine.

All of these figures are lower than reported in 1990, the first year the survey was conducted. The 1990 Youth Risk Behavior Survey showed that 83 percent of Tennessee high school students had taken at least one drink of alcohol, 35.3 percent had smoked marijuana, and 7.1 percent had taken some form of cocaine.

During the 30-day period before the 1993 survey, 42.6 percent had consumed alcohol, 16.5 percent had smoked marijuana, and two percent had taken cocaine in some form.

A comparison with results of the 1990 survey shows reductions in the percentages who had recently consumed alcohol and those who had recently taken cocaine, and a small increase in the percentage who had recently smoked marijuana. During the 30-day period before the 1990 survey, 50.3 percent had consumed alcohol, 15.5 percent had smoked marijuana, and 2.2 percent had taken cocaine in some form.

Other drugs were addressed in the surveys in only one question, which in 1993 asked if students had ever "used any other type of illegal drug, such as LSD, PCP, ecstasy, mushrooms, speed, ice, heroin or pills." In 1993, nearly a fifth - 19.5 percent - answered that they had. In 1990 15.2 percent answered affirmatively to a similarly worded question.

A recent Memphis juvenile court study indicates cocaine may be a larger problem in urban areas than the statewide risk behavior study shows.

The 1993 Memphis study involved indiscriminate drug testing of juveniles ages 14-17 who were brought to the Memphis juvenile court's detention center by law enforcement personnel. In his memo accompanying the study, Judge Kenneth A. Turner, Judge of the Juvenile Court of Memphis and Shelby County, writes, "Five percent of detainees were found to be using cocaine ... and 27 percent were using marijuana ... Juvenile Court arrest statistics, however, reveal far more arrests for cocaine than marijuana trafficking. In 1992 only 122 juveniles were arrested on marijuana charges, whereas 496 were arrested on cocaine charges."

As to whether substance abuse has increased among Tennessee teens, juvenile court data show significant increases in referrals related to alcohol, marijuana and controlled substances (see chart below). However, reporting difficulties and changes in methods of reporting and compiling data over the years may partially account for increases or decreases in referrals in each offense category.

The data also show reductions in some referral categories. Comparing 1984 referral data to 1992 data, reductions occur in sale of controlled substances and driving under the influence. The reduction in DUI referrals may reflect the nation's changing attitudes toward drunken driving. A comparison of 1987 referral data and 1992 data shows a significant reduction in possession or sale of marijuana referrals and only a slight increase in alcohol possession, drinking and drunkenness referrals.

Juvenile Court Referrals For Alcohol/Other Drug Offenses
Tennessee 1984, 1987, 1991, 1992

Offense	1984	1987	1991	1992
Alcohol possession, drinking, drunkenness	2436	3489	3535	3549
Sale of controlled substances	832	194	707	508
Possession or sale of marijuana	79	1105	438	613
Possession of controlled substances	184	333	367	599
Driving under the influence	441	530	252	272

Source: Tennessee Council of Juvenile and Family Court Judges

10

HIV (human immunodeficiency virus)

Many Teens May Be Infected and Not Know It

AIDS, acquired immune deficiency syndrome, is a result of infection with the human immunodeficiency virus or HIV. HIV attacks and destroys the immune system, leaving the body unable to fight sickness and disease. To date, there is no known cure for the disease.

Many teens may be infected with the HIV virus and not know it. Many people in their twenties who have the disease now are likely to have been infected as teenagers. [1]

The HIV virus lives in blood, semen, and vaginal secretions and is spread by having sex with an infected partner; sharing needles with an infected person; from an infected pregnant woman to her baby; or blood transfusions and blood-clotting products.

For each person reported with AIDS, there are others infected with HIV who have not yet developed a diagnosed AIDS-related condition. Many people with HIV go untested for the virus since the early symptoms of the infection are rare and, when present, often go unrecognized due to a lack of knowledge regarding risk behaviors, and due to a lack of access to services. [2]

AIDS is spreading more rapidly among young adults in Tennessee than across the nation as a whole. State records show 25 percent (886 cases) of the cumulative reports of persons with AIDS in Tennessee (3,487 cases) were aged 20-29 at the time of their diagnosis. The national average is 19 percent. It is likely that many of these young adults became infected with HIV as teens since it takes seven to ten years for someone infected with HIV to develop an AIDS-related condition.

Females now account for a greater proportion of all AIDS cases reported in Tennessee than in the past. In 1985, the number of new AIDS cases for females (two cases) represented approximately three percent of the total 79 new cases diagnosed that year. By 1992, "the 79 new cases among women represented 11 percent of the year's 723 cases. In Tennessee, the 276 adolescent and adult women represent approximately eight percent of all AIDS cases (3,487) reported through October 1993. Nationally, women represent approximately 12 percent of all AIDS cases reported (40,702 of 339,250) through September, 1993." [3]

For childbearing women and newborns in Tennessee, HIV infection is a significant problem, according to the findings of an ongoing statewide survey. If the mother is infected, the newborn will acquire antibodies indicating the presence of the virus. The infant may or may not develop the virus; about 30 percent of infants born to infected mothers develop AIDS. [4] A recent national study has shown AZT treatments to HIV-infected pregnant women seriously reduced the percentage of babies born with HIV. [5]

Among African-American childbearing women, there is a steady increase in HIV infections while infection for white childbearing women remains stable, according to the Tennessee Department of Health.

Statewide prevalence rates indicate a continued incidence of new HIV infections among childbearing women. The prevalence rate for white childbearing women has remained unchanged at four HIV-infected women per 10,000 births. There was a significant increase in the prevalence rate of African-American childbearing women from 16 HIV-infected women per 10,000 births from April 1989 through March 1990 to 33 HIV-infected women per 10,000 births from April 1992 through March 1993. [6]

From 1982 through October 1993, 28 teens aged 13-19 at the time of their diagnosis with AIDS have been reported in Tennessee. Nine of these teens have died. Fifteen (54 percent) of the 28 teens were white and 13 (46 percent) were African-American. These 28 teens represent 0.8 percent of the total number of persons with AIDS (3,487) reported in Tennessee through October, 1993. Nationally, teens aged 13-19 represent 0.4 percent of all reported persons with AIDS (1,415 of 339,250) through September, 1993.

Sexually active individuals who have unprotected sex with many partners are at serious risk of contracting the HIV virus. In the 1992 Risk Behavior Survey conducted statewide with 3,234 teens, 25 percent of the sexually active teens reported having four or more partners. Of those who had sexual intercourse in the last three months, only 51 percent reported using a condom. [7]

The Tennessee Department of Health estimates that at any point in time, 50 percent or more of persons infected with HIV have not been tested. The exact numbers of Tennesseans infected with HIV at any age, therefore, is unknown.

It is estimated that 14,000 persons in Tennessee are currently infected with the HIV virus, according to the Tennessee Department of Health. In 1993, an estimated 2,000 people became infected, and by the end of 1994, a total of 16,000 will become infected with HIV, as estimated by projections by the Tennessee Department of Health. Nationally, one million persons are estimated to be HIV infected and worldwide estimates are 10 to 12 million infected persons, according to the Centers for Disease Control.

STDs (sexually transmitted diseases)

Teen STD Rate Shows 20 Percent Improvement

Sexually transmitted diseases (STD) present serious risks to many teens. During 1992 in Tennessee, 7,853 teens aged 15-19 were reported having chlamydia, gonorrhea, syphilis, or chancroid (a bacterial infection), for a rate of 2158.8 per 100,000.

The 1992 STD rate for teens is a 20 percent reduction from the 1991 teen STD rate (9,664 teens for a rate of 2636.4). An official with the Tennessee Department of Health said efforts at the state level to improve clinical services to teens with STDs, improved medication, and general education about STDs and HIV in the schools have helped reduce the STD rate.

Although the recent decrease in the teen STD rate is good news, there are still too many teens contracting sexually transmitted diseases.

Nationally, three million teens contract an STD annually, according to estimates by the Centers for Disease Control. One fourth of all adolescents become infected before they graduate from high school. [1]

Adolescents have higher rates of gonorrhea and chlamydia than any other age group. In some areas of the U.S., up to 40 percent of the teen girls have been infected with chlamydia, the most common bacterial STD. More than 200,000 teens nationally aged 15-19 were infected with gonorrhea in 1989 and as many as 44,000 were infected with herpes. [2]

The syphilis infection rate for young people aged 15 to 19 in the U.S. jumped from 15 to 25 per 100,000 between 1985 and 1989, according to the Centers for Disease Control.

STDs have tremendous personal and societal costs. They can cause serious, lasting health problems, including sterility, infertility, cervical cancer, ectopic pregnancies, infections passed on to newborns, or fetal loss. [3] The national aggregated annual costs of herpes, gonorrhea, chlamydia, and pelvic inflammatory disease are estimated to be a total of \$8.4 billion, according to the Centers for Disease Control.

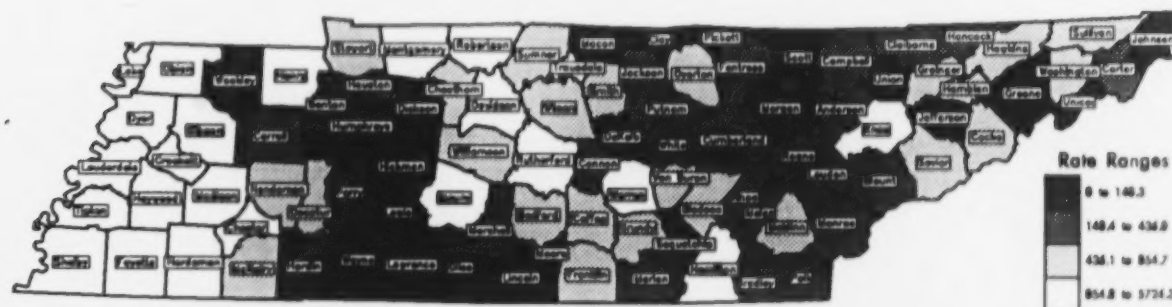
Young women are particularly at great risk for getting an STD. The younger the age at which a girl first enters into sexual relationships, the more likely that negative consequences will follow. Early sexual initiates have more frequent acts of coitus and multiple partners, and are less likely to use effective methods of contraception. [4] The earlier the age of first intercourse, the longer the delay in going to a clinic to obtain contraception. [5]

A young girl may be sexually active and not at risk of pregnancy due to her young age. Increasing numbers of young girls are having coitus prior to their first menstrual periods (menarche). "There has been a downward trend in the age of menarche of about four months per decade since 1850." [6] The average age is 12 1/2 years. Young girls today are reaching menarche at younger ages than they did 100 years ago. Additionally, the rate of early initiation into sexual activity has increased over the course of the century. [7]

One factor that leads very young people to have sex is involvement with drugs. Research has shown that the higher the stage of drug involvement and the earlier the reported initiation into drugs, the greater the probability of early sex. [8] Over the past 20 years, the rates of sexual experimentation, pregnancy, and out-of-wedlock childbearing have increased dramatically among young women ages 15-19. The increased rates in premarital sex and drug use may be related, either because both are influenced by similar factors or because one constitutes a risk factor for the other. [9]

Sexually Transmitted Disease Rate (for Teens 15-19), 1992

Note: This rate is Per 100,000, NOT percent.



County	STD	
	Number	Rate
Anderson	19	415.5
Bedford	14	627.8
Benton	0	0.0
Bledsoe	4	500.0
Blount	12	200.4
Bradley	16	275.7
Campbell	4	144.8
Cannon	2	275.5
Carroll	7	361.9
Carter	6	160.0
Cheatham	10	501.0
Chester	12	985.2
Claiborne	5	229.0
Clay	0	0.0
Cocke	18	827.6
Coffee	18	634.2
Crockett	14	1,547.0
Cumberland	10	401.0
Davidson	1,205	3,461.8
Decatur	5	722.5
DeKalb	0	0.0
Dickson	3	111.6
Dyer	42	1,659.4
Fayette	60	2,866.7
Fentress	3	253.4
Franklin	18	628.1
Gibson	54	1,715.9
Giles	1	50.1
Grainger	7	547.7
Greene	5	125.7
Grundy	9	823.4
Hamblen	31	807.3
Hamilton	689	3,432.0

County	STD	
	Number	Rate
Hancock	1	213.2
Hardeman	60	3,442.3
Hardin	1	60.8
Hawkins	16	490.3
Haywood	83	5,634.8
Henderson	9	594.5
Henry	18	1,005.0
Hickman	1	85.5
Houston	1	196.5
Humphreys	1	90.1
Jackson	1	161.0
Jefferson	4	140.3
Johnson	1	101.1
Knox	472	1,904.3
Lake	17	3,655.9
Lauderdale	47	2,826.2
Lawrence	3	115.4
Lewis	0	0.0
Lincoln	0	0.0
Loudon	5	230.2
McMinn	20	641.0
McNairy	9	592.9
Macon	0	0.0
Madison	306	5,088.1
Marion	3	154.5
Marshall	4	252.2
Maury	99	2,603.2
Meigs	2	322.1
Monroe	11	436.0
Montgomery	79	974.1
Moore	0	0.0
Morgan	1	72.6
Obion	39	1,617.6

County	STD	
	Number	Rate
Overton	7	538.9
Perry	2	435.7
Pickett	0	0.0
Polk	4	378.4
Putnam	11	234.9
Rhea	7	352.1
Roane	9	267.6
Robertson	34	1,155.7
Rutherford	101	952.5
Scott	0	0.0
Sequatchie	0	0.0
Sevier	23	612.5
Shelby	3,670	5,724.3
Smith	7	721.6
Stewart	3	449.8
Sullivan	85	849.5
Sumner	67	813.8
Tipton	55	1,850.6
Trousdale	6	1,481.5
Unicoi	0	0.0
Union	1	95.9
Van Buren	3	854.7
Warren	28	1,181.4
Washington	42	605.0
Wayne	0	0.0
Weakley	2	66.8
White	6	434.8
Williamson	31	489.2
Wilson	32	632.2

Tennessee	7,853	2,158.8
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Source: Division of Communicable Disease Control, Tennessee Department of Health.

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Dropping Out

Number of Dropouts in Tennessee Decreasing

High school dropouts, as reported here, are the percent of students who drop out of grades 9-12 in a calendar year. The dropout rate is calculated by dividing the number of dropouts within the year by the net student enrollment at the end of the school year.

Getting an education is the principal route to a satisfying adult life in the U.S. Increasingly, failure to complete school is a "powerful precursor of long-term disadvantage." [1]

Dropouts face serious, long-term economic consequences resulting from their decisions to quit school. They experience higher job turnover, unemployment, and earn much less than their counterparts who either finished high school or college. The unemployment rate in 1990 for dropouts (8.5 percent) was almost two times greater than the unemployment rate for individuals with a high school diploma (4.9 percent). [2] Each male dropout will earn on average \$260,000 less and pay \$78,000 less in taxes during his lifetime than those who graduate from high school.

For a female dropout, the figures are \$200,000 and \$60,000, respectively. [3]

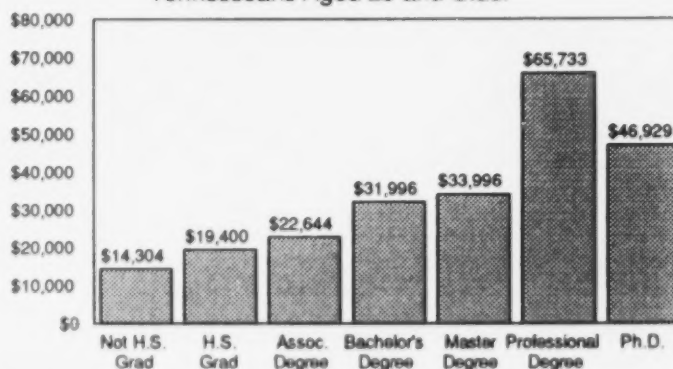
Gov. Ned McWherter initiated two of the three recently enacted laws to help keep teens in school until they graduate. A 1992 law

was enacted which increased the age of mandatory school attendance from age 16 to 17. [4] The other two laws use the driver's license as an incentive for students to stay in school. A law enacted in 1990 denies a learner's permit or driver's license to any teen under 18 years old who drops out of school and is not pursuing a general educational development (GED) certificate. [5] The second law using the driver's license incentive was passed in 1994. It requires that dropouts returning to school must meet specific academic performance standards to get their driver's licenses. The returning student must attend school for a complete grading period and pass three courses before the student is eligible to obtain a driver's license.

Recent legislation and educational efforts to reduce the number of dropouts in the state have been successful. The percentage of dropouts declined from 6.3 percent in 1991-92 to 4.8 percent in 1992-93. In 1992-93, there were 11,832 dropouts compared to 15,223 dropouts in 1991-92.

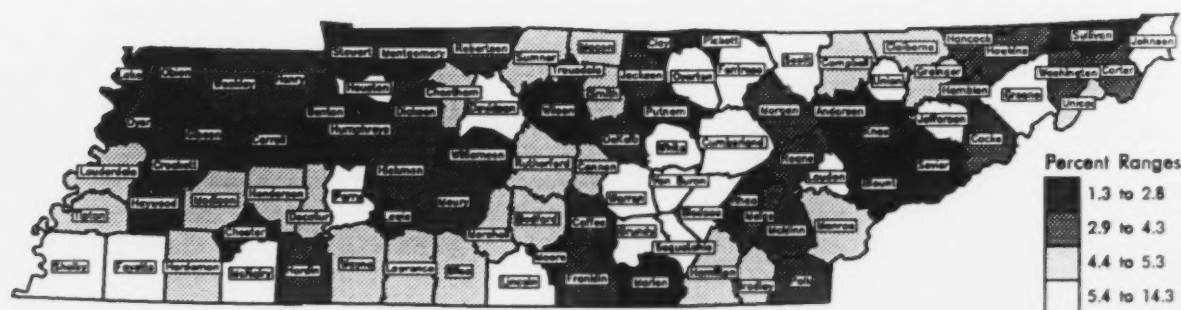
Although the decline in number of dropouts is good news, the 11,832 teens who failed to complete their high school education are at a serious disadvantage in the contemporary work place. Today's working environment requires higher levels of literacy, more education, increased technological skills, and, most importantly, the ability to begin careers that require lifelong learning. People who do not complete high school are faced with a lifetime of limited opportunities. [6]

Average Income and Educational Attainment
Tennesseans Aged 25 and Older



Source: U.S. Dept. of Commerce, Bureau of the Census, 1990 Census of Population and Housing, Public Use Microdata, File Tennessee

Percent of High School (Grades 9-12) Dropouts, 1992-1993



County	Dropouts	
	Number	Percent
Anderson	108	2.8
Bedford	90	5.2
Benton	16	2.0
Bledsoe	61	14.3
Blount	116	2.6
Bradley	216	5.2
Campbell	88	4.4
Cannon	27	4.8
Carroll	24	1.5
Carter	89	3.3
Cheatham	81	4.8
Chester	16	2.2
Claiborne	64	4.6
Clay	7	1.6
Cocke	59	3.7
Coffee	104	4.0
Crockett	19	2.8
Cumberland	144	6.6
Davidson	1,386	8.0
Decatur	28	4.5
DeKalb	28	3.9
Dickson	89	4.3
Dyer	39	1.9
Fayette	89	6.5
Fentress	19	7.8
Franklin	74	4.2
Gibson	64	2.5
Giles	63	4.6
Grainger	44	4.4
Greene	190	6.2
Grundy	68	8.2
Hamblen	89	3.2
Hamilton	587	5.1

County	Dropouts	
	Number	Percent
Hancock	12	3.4
Hardeman	71	4.6
Hardin	55	4.3
Hawkins	72	3.3
Haywood	33	2.6
Henderson	65	5.2
Henry	45	3.0
Hickman	32	3.5
Houston	27	5.7
Humphreys	24	2.5
Jackson	20	3.9
Jefferson	98	5.7
Johnson	42	5.5
Knox	420	2.6
Lake	10	2.7
Lauderdale	63	4.5
Lawrence	108	5.3
Lewis	10	1.8
Lincoln	98	6.5
Loudon	120	6.2
McMinn	91	3.6
McNairy	74	5.4
Macon	43	4.9
Madison	210	5.1
Marion	27	1.7
Marshall	56	4.4
Maury	131	4.2
Meigs	20	3.7
Monroe	95	4.9
Montgomery	135	2.6
Moore	6	2.0
Morgan	35	3.3
Obion	49	2.6

County	Dropouts	
	Number	Percent
Overton	64	6.8
Perry	20	5.7
Pickett	3	1.3
Polk	32	4.2
Putnam	43	1.7
Rhea	19	1.4
Roane	91	3.5
Robertson	74	3.3
Rutherford	341	5.0
Scott	76	5.7
Sequatchie	31	5.8
Sevier	74	2.6
Shelby	2,904	7.4
Smith	36	4.5
Stewart	15	2.8
Sullivan	197	2.6
Sumner	303	4.7
Tipton	109	4.4
Trousdale	11	3.2
Unicoi	46	5.3
Union	83	12.0
Van Buren	13	5.6
Warren	190	11.3
Washington	140	3.1
Wayne	44	5.2
Weakley	61	4.1
White	59	5.5
Williamson	81	2.0
Wilson	89	2.4

Tennessee	11,832	4.8
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Source: Tennessee Department of Education.

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ACT Scores

State ACT Scores Near National Average

The majority of college-bound students in Tennessee take the American College Testing (ACT) Program for admission to public colleges and universities. The Scholastic Aptitude Test (SAT), a college admissions test used primarily by non-public colleges and universities, is not as widely administered in Tennessee. Only 13 percent of Tennessee's graduating seniors took the SAT in 1993.

The ACT is a complex and comprehensive assessment that provides an amazing amount of information on Tennessee high school students who may enter colleges and universities. The results of the ACT reveal how college-bound students in Tennessee compare to their peers across the nation. The assessment measures student achievement in skills developed in high school. Background information on the students, their interests in particular careers, and results on their academic assessments are provided. Additionally, the ACT score is predictive of a student's ability in college-level courses.

There are three components of the ACT. The first part is comprised of four subtests that measure academic ability: English, mathematics, reading, and scientific reasoning. The ACT also has a lengthy Student Profile section that provides background information on the students taking the ACT. The third portion of the assessment is the Interest Inventory that measures students' preferences and categorizes them into general career or occupational areas.

Information from the ACT provides data for students in their educational and vocational planning and provides equal educational opportunities for students. For postsecondary institutions, ACT data aids in advisement and counseling in postsecondary planning, college recruitment and retention, and helps simplify admission systems.

A Profile of Tennessee Students

In 1993, 31,064 juniors and seniors took the ACT in Tennessee out of the total junior and senior classes' enrollment of 108,669 students. Seventy-six percent of these students were seniors and 23 percent were juniors. Nationally, 65 percent were seniors and 34 percent were juniors. [1]

Regarding ethnic origin, 73 percent of the Tennessee students were white compared to 71 percent nationally. Fifteen percent of the Tennessee test takers were African American compared to nine percent nationally. Three percent of the students were either Native Americans, Asians or members of other ethnic groups in Tennessee, compared to 6 percent nationally. Nine percent of the students in Tennessee did not respond to the question of their ethnic origin.

A standard score scale is used for reporting scores on the four ACT academic tests. On the four separate academic tests, the statewide average composite score was 20.2. The national composite average was 20.7.

A profile of the 31,064 Tennessee students who took the ACT in 1993 shows that many students who took the assessment have high academic aspirations. Forty-five percent reported seeking either a graduate degree or a professional degree - the national average was 44.2 percent. Thirty-four percent want a bachelor's degree in Tennessee compared to 19.7 percent nationally. Other students were pursuing either vocational/technical training, associate's degrees, or other postsecondary training.

Eighty-five percent of the Tennessee students reported their grade point average above 2.0 compared to 87 percent nationally. Sixty-eight percent reported being in the top half of their graduating classes with 35 percent in the top quarter. Nationally, 72 percent reported being in the top half of their classes with 40 percent in the top quarter.

Fifty percent of the Tennessee students reported an estimated annual family income greater than \$30,000 compared to 56 percent of the students in the rest of the country. Seventy-six percent of the Tennessee students expressed the need for financial aid in college while 79 percent of students nationally expressed the same need. Sixty-two percent of the Tennessee students stated they needed to find work while in college to help meet their expenses, compared to 66 percent of students nationally.

Average ACT Composite* Scores, 1993



County	ACT Composite	
	Number	Average
Anderson	500	21.4
Bedford	217	20.3
Benton	86	19.7
Bledsoe	40	18.8
Blount	506	21.1
Bradley	418	20.0
Campbell	137	18.7
Cannon	45	19.2
Carroll	202	19.8
Carter	277	19.8
Cheatham	137	20.0
Chester	80	22.0
Claiborne	135	19.6
Clay	42	19.4
Cocke	159	19.6
Coffee	293	20.9
Crockett	45	18.9
Cumberland	161	20.8
Davidson	2,695	20.4
Decatur	46	18.7
DeKalb	74	19.2
Dickson	202	20.1
Dyer	228	19.6
Fayette	150	17.5
Fentress	96	19.8
Franklin	249	19.9
Gibson	295	19.9
Giles	170	19.6
Grainger	57	18.9
Greene	317	19.6
Grundy	83	18.6
Hamblen	329	19.9
Hamilton	1,896	20.8

County	ACT Composite	
	Number	Average
Hancock	22	0.0
Hardeman	154	18.6
Hardin	150	19.7
Hawkins	227	19.9
Haywood	118	18.1
Henderson	135	20.2
Henry	160	19.7
Hickman	87	20.0
Houston	40	18.6
Humphreys	120	20.0
Jackson	39	20.6
Jefferson	193	19.9
Johnson	40	19.0
Knox	1,953	21.0
Lake	24	0.0
Lauderdale	140	19.1
Lawrence	200	20.1
Lewis	64	19.6
Lincoln	151	19.9
Loudon	214	19.9
McMinn	259	20.2
McNairy	152	20.6
Macon	92	19.5
Madison	564	20.2
Marion	133	19.4
Marshall	141	19.6
Maury	408	19.9
Meigs	51	18.7
Monroe	194	19.2
Montgomery	540	20.2
Moore	20	0.0
Morgan	87	19.0
Obion	237	20.3

County	ACT Composite	
	Number	Average
Overton	87	19.5
Perry	39	19.3
Pickett	24	0.0
Polk	74	20.2
Putnam	324	20.9
Rhea	137	20.2
Roane	303	20.3
Robertson	306	19.7
Rutherford	787	20.6
Scott	129	20.0
Sequatchie	58	19.0
Sevier	358	20.5
Shelby	6,167	19.7
Smith	102	19.4
Stewart	58	19.6
Sullivan	1,013	21.1
Sumner	793	20.6
Tipton	276	19.3
Trousdale	34	19.9
Unicoi	112	19.1
Union	48	18.9
Van Buren	11	0.0
Warren	162	20.6
Washington	489	20.9
Wayne	65	20.0
Weakley	198	19.2
White	106	19.0
Williamson	805	21.9
Wilson	508	19.7
Tennessee	31,064	20.2
U.S.A.	875,603	20.7

Note: * Average composite score is the average of the four ACT subtests; reading, mathematics, English, and scientific reasoning.

Source: Department of Program Evaluation and Institutional Research Services, American College Testing, 1994.

Teen Employment

Teen Employment has Advantages, Disadvantages

Is teen employment good or bad for teens who are in school? What are the advantages and disadvantages of teen employment?

Two of the benefits to teens who take part-time jobs while in school are the opportunity to develop personal responsibility for assigned duties and to become more self-reliant. Teens with jobs in retail sales and other jobs that require extensive social interaction learn to deal more effectively with other people and co-workers. Working also contributes to the acquisition of knowledge about business matters, financial concepts, consumer matters, and loyalty to a company. [1]

Another important benefit of working is for teens to learn different socialization skills from those they learn in school. "Schools are not equipped to train youth in the non-academic skills of being an adult, which include learning to take responsibility for self-management, learning how to function in activities that have implications for other people, acquiring the ability to take decisive actions and learning to work." [2]

Detrimental aspects of working can be observed in teens who work more than 20 hours a week. Some of the negative effects are decreased involvement in extracurricular activities, declining grades, and physical fatigue. In some cases, students reported that the demands of school and workplace made them hate school and want to quit. There is substantial evidence that high levels of job stress or long working hours can lead to increased cigarette, alcohol, and marijuana use. [3]

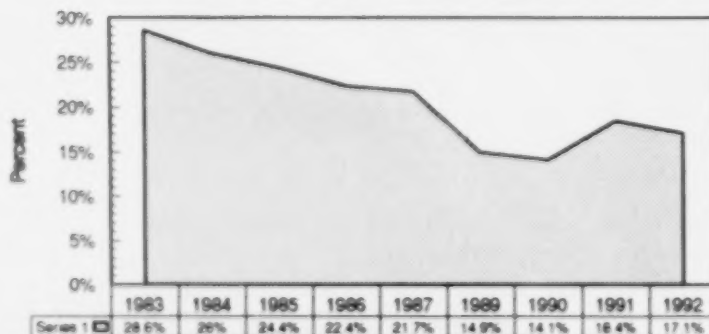
Another negative effect of teen employment is that excessive commitment to a job may interfere with the work of growing up. This results when adolescents spend too much time and energy "in a role that is too constraining and involves tasks that are too simple, unchallenging, and irrelevant to their future to promote development. By spending too much time working, teens may be passing up equally rigorous, but unpaid, work of growing up - work that requires exploration, experimentation, and introspection." [4]

Clearly, it is debatable whether employment is good or bad for teens. The answer undoubtedly depends on the teen and his or her maturity, economic need and the nature of his or her employment.

The chart below shows teen unemployment rates based on monthly Census Bureau estimates, which are useful for observing trends. It shows unemployment rates for teens 16 to 19 years old who are available for work and actively seeking work. Teen unemployment dropped steadily from 28.6 percent in 1983 to 14.1 percent in 1990. The teen unemployment rate then increased to 18.4 percent in 1991 and declined slightly to 17.1 percent in 1992.

The map and table to the right contain different figures based on the 1990 Census, which, though different from the data in the chart below, are nonetheless useful for observing recent conditions.

Teen Unemployment in Tennessee*
1983-1992, 16-19 Year-Olds

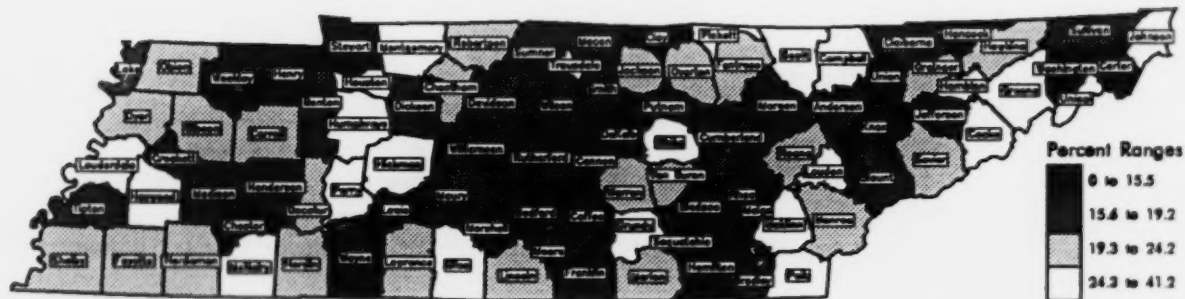


Source: Tennessee Department of Employment Security

*Estimates based on the Current Population Survey conducted monthly by the U.S. Census Bureau. Map and table at right are based on the 1990 U.S. Census. As a result, figures in this chart and the map and table at right differ.

Youth Unemployment Rate (Ages 16-19)*, 1992

Note: This rate is percent.



County	Youth Unemployment	
	Number	Rate
Anderson	310	15.8
Bedford	180	18.9
Benton	90	18.4
Bledsoe	40	15.4
Blount	360	16.1
Bradley	460	16.9
Campbell	370	35.6
Cannon	10	4.5
Carroll	170	20.5
Carter	230	14.6
Cheatham	160	21.9
Chester	50	12.2
Claiborne	160	17.2
Clay	40	11.4
Cocke	280	27.7
Coffee	130	12.5
Crockett	70	15.9
Cumberland	190	17.9
Davidson	2,170	15.6
Decatur	60	23.1
DeKalb	70	14.3
Dickson	190	19.0
Dyer	300	24.2
Fayette	110	20.0
Fentress	120	22.6
Franklin	190	17.0
Gibson	270	21.4
Giles	200	28.6
Grainger	110	22.4
Greene	690	38.1
Grundy	110	30.6
Hamblen	520	26.8
Hamilton	1,200	15.4

County	Youth Unemployment	
	Number	Rate
Hancock	10	6.7
Hardeman	140	20.6
Hardin	150	20.8
Hawkins	280	21.4
Haywood	180	32.7
Henderson	120	18.5
Henry	150	15.3
Hickman	140	29.8
Houston	70	41.2
Humphreys	120	35.3
Jackson	60	22.2
Jefferson	200	17.9
Johnson	90	24.3
Knox	1,320	13.3
Lake	30	17.6
Lauderdale	190	30.2
Lawrence	270	24.1
Lewis	30	9.4
Lincoln	170	20.2
Loudon	240	24.7
McMinn	330	24.3
McNairy	160	25.4
Macon	80	16.7
Madison	430	16.0
Marion	150	20.5
Marshall	90	12.3
Maury	370	18.9
Meigs	30	11.1
Monroe	250	22.1
Montgomery	570	24.3
Moore	0	0.0
Morgan	50	16.7
Obion	220	22.9

County	Youth Unemployment	
	Number	Rate
Overton	120	21.1
Perry	40	30.8
Pickett	30	30.0
Polk	90	32.1
Putnam	340	15.6
Rhea	110	15.5
Roane	280	19.4
Robertson	290	20.6
Rutherford	680	14.7
Scott	150	34.1
Sequatchie	40	14.8
Sevier	390	22.5
Shelby	4,170	19.6
Smith	70	15.9
Stewart	40	12.9
Sullivan	670	17.0
Sumner	600	16.8
Tipton	200	19.2
Trousdale	50	26.3
Unicoi	140	33.3
Union	50	14.7
Van Buren	30	23.1
Warren	210	20.8
Washington	440	14.2
Wayne	50	9.6
Weakley	150	11.5
White	180	34.0
Williamson	250	11.3
Wilson	360	16.6
Tennessee	26,740	18.6
U.S.A.	1,352,000	20.0

Note: * Youth unemployed rate is the number of persons unemployed ages 16-19 years old, expressed as percent of labor force ages 16-19. Youth unemployed are those who are 16-19 years old and don't have a job but are available for work and actively seeking work. The numbers are the estimates based on 1990 U.S. Census data.

Source: Tennessee Department of Employment Security.

School Violence

What Causes School Violence, and How Does it Affect Teens?

The last haven of safety for many children has been the school. With the increase in violent acts in school and greater numbers of students carrying guns, many students are fearful.

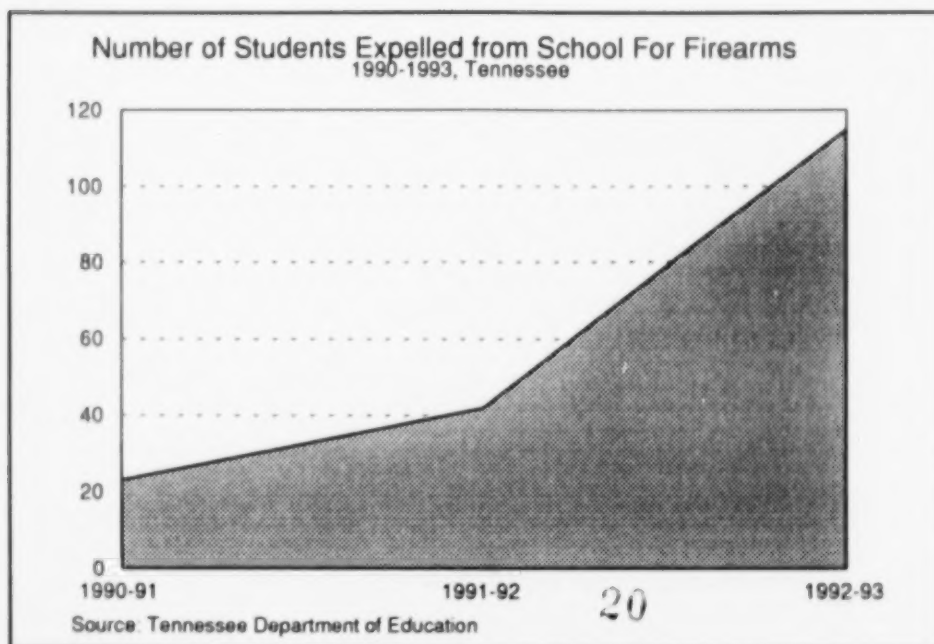
Students' fear of violence is not unjustified. Possession of firearms in schools is a serious and growing problem in Tennessee schools that is growing. There were more than five times more students expelled for possession of firearms during the 1992-93 school year compared to 1990-91 in Tennessee. During 1990-91, there were 33 expulsions compared to 173 expulsions in the 1992-93 school year.

Guns in school represent a threat to everyone. On April 21, 1994, a 7th grade student at a Metropolitan Davidson County school was shot in the back of his head and killed during music class while watching *Beauty and the Beast*.

The student seated behind him shot him with a .25 caliber automatic pistol, which police believe went off accidentally. This tragedy has left students, parents, educators, and the public fearful about school safety and the availability of guns.

When students don't feel safe, it is hard for them to learn. Acts of violence disrupt the normal functioning of the school, and the fear of violence can prevent students and teachers from concentrating on meaningful learning and teaching.

The academic achievement of students who don't feel safe at school suffers in comparison to those who feel safe. A 1993 survey of 6th, 7th, and 8th graders showed that students who did not feel



safe scored significantly lower on the Tennessee Comprehensive Assessment Program tests than students who felt safe.

Violent acts or the threat of violence against other students and school personnel have more than doubled the number of school expulsions and substantially increased the number of incidents of suspension within the past three years. The number of expulsions rose from 37 in 1990-91 to 85 expulsions in 1992-93.

Consider the following findings on school violence:

- One large national study showed that junior (vs. senior) high schools, and schools with more male students, larger enrollments, and larger classes experienced more violence, as did schools lacking strict and fair administration of discipline. [1]

- Another study by the National Research Council cites four characteristics of schools that may contribute to violence:

1. relatively high numbers of students occupy a limited amount of space;
2. the capacity to avoid confrontations is somewhat reduced;
3. the imposition of behavioral routines and conformity may contribute to feelings of anger, resentment, and rejection; and
4. poor building design may facilitate the commission of violent acts. [2]

Students' attitudes about school may also contribute to school violence. Research has shown that school violence is more prevalent where students:

1. felt their classes did not teach them what they wanted to learn;
2. did not consider their grades important;
3. did not plan to go to college; and
4. felt they had no influence over their own lives. [3]

The possession, use and sale of illegal

drugs is another serious problem that is growing. The number of school suspensions in Tennessee for the possession, use or sale of illegal drugs more than doubled from 1990-91 to 1992-93. The number of suspensions in 1990-91 was 809. In 1992-93, there were 1,780 suspensions for drug-related problems.

How do teens become violent?

Research shows that there are at least 11 factors that contribute to violent behavior: biological factors; child rearing conditions; ineffective parenting; emotional and cognitive development; gender differences; sex role socialization; relations to peers; cultural milieu; social factors (i.e., economic inequality, lack of opportunity); and media influences. [4]

Factors contributing to the development of antisocial behavior include family characteristics and a breakdown of family processes and relationships, including violence. "Criminal history or antisocial personality in a parent, parental rejection of the child, and inconsistent and physically abusive parental discipline all seem to contribute to early aggressive behaviors. Lack of parental supervision is one of the strongest predictors of the development of conduct problems and delinquency. Parents who support the use of aversive and aggressive behaviors by children and fail to teach nonviolent and effective methods of solving social problems contribute to the development of coercive family interactions and to later patterns of antisocial behavior in the child." [5]

"Personal, family, school, and societal factors all contribute to school violence. Efforts to reduce school violence must consider these multiple sources of the problem." [6]

Is There a Teen Crime Wave in Tennessee?

Throughout the nation the media have recently focused on teen crime. Legislatures have proposed numerous revisions in juvenile and criminal law to reduce a teen crime wave that is believed to be sweeping the country.

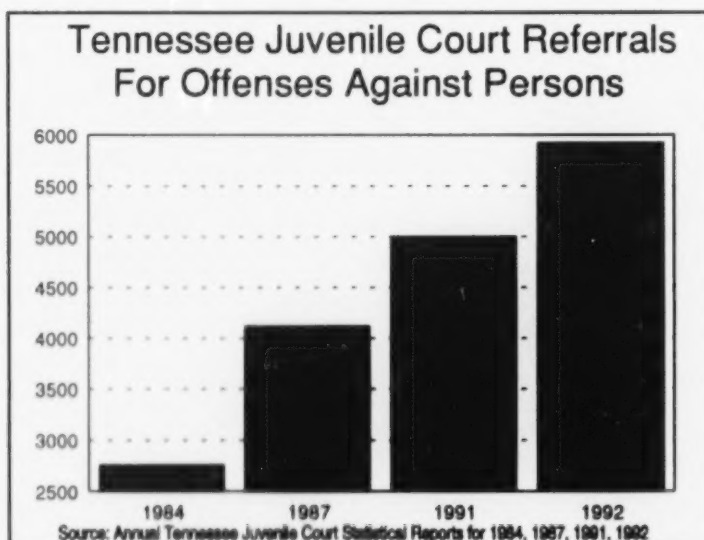
Tennessee is no exception. More than 50 juvenile-crime-related bills were introduced in the Tennessee General Assembly during the 1993-94 session.

Some have argued that the public has been misled by a media feeding frenzy about juvenile crime. The fundamental question *The Teen Report* seeks to answer regarding teen crime is whether Tennessee teens are committing more crimes now than a decade ago.

The answer is yes.

Since 1984, the number of referrals to juvenile courts in Tennessee for violent crimes has more than doubled, according to annual statistical reports of the Tennessee Council of Juvenile and Family Court Judges [1], while the population of teens in Tennessee has decreased. In 1984, a total of 2,753 referrals were made to juvenile courts for offenses against persons. In 1992, the latest year for which figures are available; 5,926 referrals were made for the same offenses - an increase of 932 referrals - the 1992 *Annual Statistical Report* of the Council of Juvenile and Family Court Judges says. [2]

Referrals are allegations, and each youth may be referred several times, so the referral figures do not represent the number of youths charged with offenses, but rather the number of offenses charged.



Tennessee Juvenile Court Referrals for Offenses Against Persons, 1984-1992

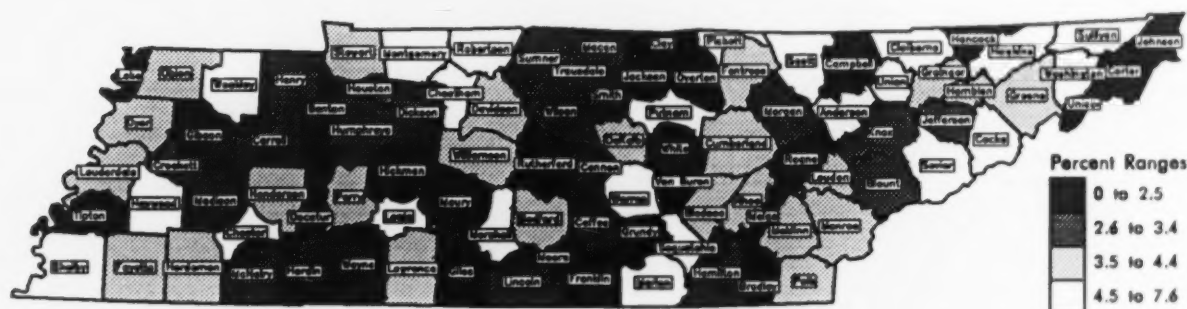
OFFENSES	1984	1987	1991	1992
MURDER	40	40	79	111
MANSLAUGHTER	18	11	35	66
ROBBERY WITH A DEADLY WEAPON	118	202	231	304
ROBBERY	170	220	166	227
ASSAULT TO MURDER	78	126	38	38
ASSAULT	1962	2963	4147	4794
RAPE	157	297	124	147
ASSAULT TO RAPE	30	33	32	42
SEX OFFENSES (except rape, prostitution)	172	205	143	187
VEHICULAR HOMICIDE	8	15	15	10
TOTAL	2753	4112	4994	5926

Source: Annual Tennessee Juvenile Court Statistical Reports for 1984, 1987, 1991, and 1992.

The table to the left presents the number of referrals for offenses against persons in 1984, 1987, 1991, and 1992. Most categories show increases. Rape and assault to murder reflect decreases. The reductions in assault to murder may be correlated with the increasing

Continued

Percent of Children* Referred to Juvenile Courts, January 1992 - December 1992



County	Referrals	
	Number	Percent
Anderson	824	5.0
Bedford	302	3.8
Benton	51	1.5
Bledsoe	84	3.6
Blount	672	3.3
Bradley	391	2.1
Campbell	98	1.1
Cannon	69	2.6
Carroll	178	2.7
Carter	185	1.6
Cheatham	397	4.9
Chester	148	4.6
Claiborne	298	4.5
Clay	32	2.0
Cocke	380	5.5
Coffee	345	3.3
Crockett	95	3.0
Cumberland	346	4.2
Davidson	4,792	3.9
Decatur	34	1.5
DeKalb	123	3.6
Dickson	317	3.1
Dyer	391	4.3
Fayette	270	3.6
Fentress	141	3.8
Franklin	185	2.1
Gibson	271	2.5
Giles	138	2.1
Grainger	164	4.0
Greene	537	4.2
Grundy	31	0.9
Hamblen	529	4.4
Hamilton	1,975	2.9

County	Referrals	
	Number	Percent
Hancock	22	1.3
Hardeman	264	4.0
Hardin	143	2.5
Hawkins	646	6.2
Haywood	250	4.5
Henderson	187	3.5
Henry	166	2.6
Hickman	99	2.4
Houston	52	3.1
Humphreys	110	2.8
Jackson	18	0.9
Jefferson	241	3.2
Johnson	48	1.6
Knox	2,268	2.9
Lake	35	2.4
Lauderdale	278	4.3
Lawrence	340	3.6
Lewis	153	6.4
Lincoln	201	2.8
Loudon	285	3.8
McMinn	377	3.6
McNairy	184	3.4
Macon	119	2.9
Madison	636	3.0
Marion	291	4.5
Marshall	378	6.7
Maury	182	1.2
Meigs	38	1.9
Monroe	327	4.2
Montgomery	1,465	5.2
Moore	20	1.7
Morgan	116	2.6
Obion	286	3.7

County	Referrals	
	Number	Percent
Overton	48	1.1
Perry	68	4.1
Pickett	57	5.2
Polk	134	4.2
Putnam	751	6.1
Rhea	255	4.2
Roane	193	1.8
Robertson	651	5.5
Rutherford	745	2.1
Scott	259	5.0
Sequatchie	121	5.2
Sevier	644	5.1
Shelby	14,535	6.2
Smith	95	2.7
Stewart	79	3.7
Sullivan	1,802	5.6
Sumner	846	2.9
Tipton	302	2.5
Trousdale	49	3.4
Unicoi**	0	0.0
Union	253	6.8
Van Buren	5	0.4
Warren	447	5.4
Washington	1,559	7.6
Wayne	83	2.3
Weakley	426	5.6
White	139	2.9
Williamson	1,091	4.4
Wilson	595	3.1

Tennessee	51,250	4.1
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Note: * For children under 18 years old.

** Unicoi County is not in the system.

Source: 1992 Annual Statistical Report, Council of Juvenile and Family Court Judges, 1993.

lethality of juvenile conflict and consequently the increase in murder referrals.

Having established that teen violent crime is increasing, the next question is why?

The American Psychological Association (APA), in its publication *Violence & Youth: Psychology's Response*, identifies factors that are strong predictors of violent behavior.

Lack of parental supervision is one of the strongest predictors, the report says. [3] Other parental factors include parents supporting aggressive behavior by children, failing to teach nonviolent methods of solving social problems, and inconsistent, harsh and continued physical punishment. [4]

Poverty, with its "sense of relative deprivation and ... lack of opportunity ... facilitates higher rates of violence," the report says. [5]

Among the ways poverty leads to violence, the report says, are poverty's effect of discouraging family stability; inadequate nutrition, medical care and emotional support; and neighborhood instability. [6]

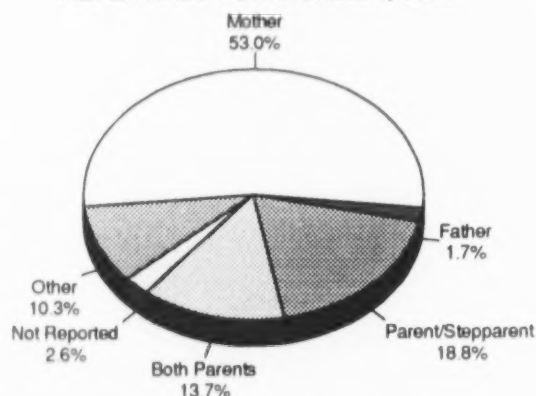
While race would appear to be a factor - about 59 percent of crimes against persons committed by male juveniles were committed by African-American males in 1992 [7], even though 20.7 percent of Tennessee's under-18 population is African American [8] - "...it is very likely that socioeconomic inequality - not race - facilitates higher rates of violence among ethnic minority groups," [9] the APA report says. "Few differences among the races are found in rates of violence when people at the same socioeconomic level are compared."

However, race *can* be a factor in violence when prejudice and discrimination "damage the self-confidence and self-esteem of those discriminated against and lay a foundation for anger, discontent, and violence." [10]

Single parenthood may be another factor. There is a significant relationship between single-parent families, poverty, and juvenile justice involvement.

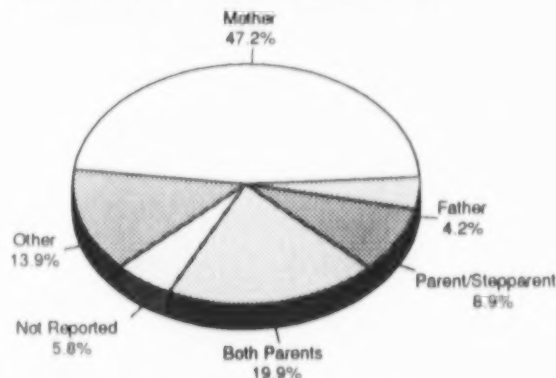
National figures prepared by the Population Reference Bureau (PRB) in

LIVING ARRANGEMENTS OF CHILDREN REFERRED TO JUVENILE COURT REFERRALS FOR MURDER, 1992



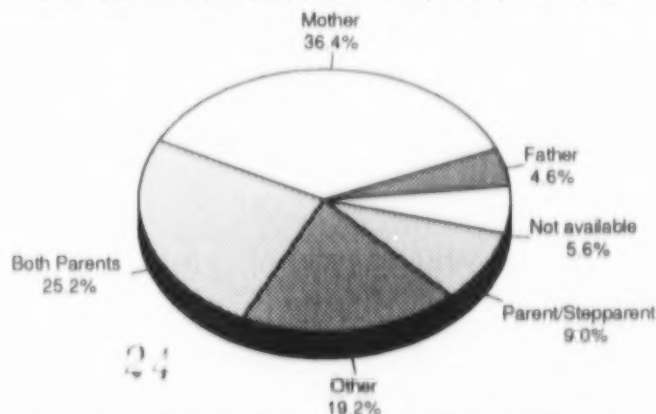
Source: Tennessee Council of Juvenile and Family Court Judges

LIVING ARRANGEMENT OF CHILDREN REFERRED TO JUVENILE COURT OFFENSES AGAINST PERSONS, 1992



Source: Tennessee Council of Juvenile and Family Court Judges

LIVING ARRANGEMENTS OF ALL CHILDREN REFERRED TO JUVENILE COURT THREE-YEAR AVERAGES FOR 1989, 1991, and 1992



Source: Annual Juvenile Court Statistical Reports for 1989, 1991, and 1992.

its publication *The Challenge of Change* show a relationship between single-parent families and poverty. In 1990, 79.6 percent of single-parent families lived in poverty, according to the PRB report. [11]

Tennessee figures confirm a relationship regarding single-parenthood and juvenile justice involvement. In 1992, only 13.7 percent of (16 of the 107) juveniles referred for murder in Tennessee lived with both parents, Tennessee Council of Juvenile and Family Court Judges research shows (see chart). A slight majority, 53 percent, lived only with their mothers.

For all crimes against persons in Tennessee in 1992, 19.9 percent of juveniles referred lived with both parents, while 47.2 percent lived with their mothers (see chart).

Three-year averages of children referred to juvenile court (see chart) for all offenses, including non-violent and property offenses, show a smaller percentage, 36.4 percent, of children referred to juvenile courts lived with their mothers only compared to those referred for violent crimes. Also, a larger percentage of children referred for all offenses, 25.2, lived with both parents. This indicates that children and youth who live with their mothers only are more likely to commit violent crimes than the population of all children and youth referred to juvenile courts. The variations in percentages for each of the three years averaged are less than one percent.

The "other" category in each of the charts includes children living with relatives, in foster families, in group homes, in institutions, independently, in other settings, and "not reported." It is probable that the percentages of these children who are from single-parent families are at least as high as those referred to juvenile court while still living at home.

If single parenthood is a factor in teen violence, the problem is likely to grow in Tennessee. Tennessee was recently ranked the second worst state in the nation in the percentage of all children who live in single-parent families. The 1994 *KIDS COUNT Data Book*, a yearly national study of the well-being of children, said an average of 32.6 percent of Tennessee children - nearly one in three - lived in single-parent families from 1989 through 1993. [12] Only Mississippi had a higher percentage. [13]

Also, the KIDS COUNT report said, Tennessee

had the fifth worst growth rate in the nation of percentage of children living in single-parent families. Since 1985, KIDS COUNT reported, the percentage of children living in single-parent families has increased by 33 percent.

An increase in the availability of firearms is another factor in teen violence, the APA report says, adding about 270,000 students carry guns to school each day in the U.S. The National Rifle Association estimates there about 200 million guns in the hands of private citizens. In a 1993 survey of Tennessee high school students, 18.2 percent of males reported they had carried a gun on one or more of the past 30 days. [14]

"Violence is woven into the fabric of American society."

Violence & Youth: Psychology's Response, A report from the American Psychological Association

Alcohol is another factor in teen violence. "Use of alcohol," the APA report says, "plays a major role in interpersonal violence involving youth ... In about 65 percent of all homicides, perpetrators, victims, or both had been drinking, and

alcohol is a factor in at least 55 percent of all fights and assaults in the home." [15]

Other drugs, it says, particularly addictive and expensive drugs such as heroin and cocaine, also contribute to violence because users resort to violent crime to support their habits, and drug marketing is a violent business. [16]

Also, the report says, "The use of alcohol and other drugs by parents has been associated with violent behavior by their children ... Substance-abusing parents are more apt to become physically abusive, sexually abusive, or neglectful in ways that expose their children to risk of abuse by others." [17]

Finally, it must be remembered that teens have not cornered the market on violence. Teen violence is a reflection of our increasingly violent society. "Violence is woven into the fabric of American society," the APA report says. "Though most Americans abhor violence in their communities, homes, and schools, this country has the highest rate of interpersonal violence of any industrialized country ... Our folk heroes and media images - from the cowboy of the old west, to John Wayne, Clint Eastwood, and Arnold Schwarzenegger - often glorify interpersonal violence on an individual and personal level ... Although few Americans would claim to enjoy or encourage violence, many, at the very minimum, passively condone aggression and violence through acceptance of current film and television productions." [18]

Violent Deaths

Firearms Take an Increasingly Larger Percentage of Teen Lives

First, a little perspective: More than 99.9 percent of teenagers do *not* die violent deaths each year in Tennessee. The number of teens who die violently is so relatively small that the rate is calculated per 100,000.

The 1991 teen violent death rate, the most recent year for which complete data are available, is 77.8 per 100,000 - .0778 percent. [1]

However, the number of violent teen deaths is growing somewhat compared to a decade ago. In 1984 there were 253 violent teen deaths, compared to 284 in 1991. [2]

Sadder yet is the fact that most violent teen deaths could be prevented.

In 1991, about 85 percent of the 284 violent teen deaths were the result of either motor vehicle accidents or were firearm-related.

Specifically, 158 were motor vehicle accidents, and 84 were firearm deaths. [3]

The majority of the vehicle accident deaths could have been prevented if more of the teens had been wearing seatbelts.

The firearm deaths include suicides, homicides and accidents.

Limiting access to guns for teens could clearly reduce the number of firearm deaths.

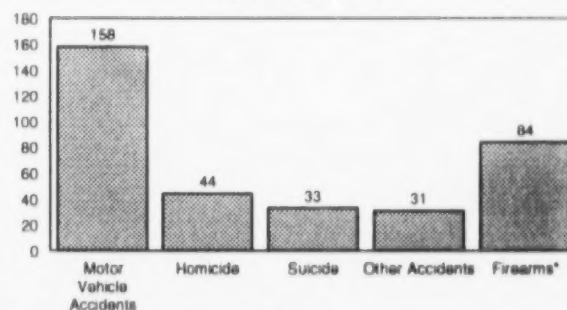
However, the number of firearm deaths among teens is growing rapidly, as is the percentage of violent teen deaths that is due to firearms.

In 1984, 12.8 percent of all teen deaths, including non-violent deaths, were firearm-related. In 1992, 30.2 percent were. In 1984, 42 of the 328 teen deaths, including non-violent deaths, were firearm related. In 1992 100 of the 331 teen deaths were firearm related. [5]

About 38 percent of all teen firearm deaths occurred in Shelby County in 1991, and Shelby County, Davidson, Hamilton and Knox counties together accounted for about 69 percent of all of the state's teen firearm deaths. [6]

Leading Causes of Teen Violent Deaths

Tennessee, 1991

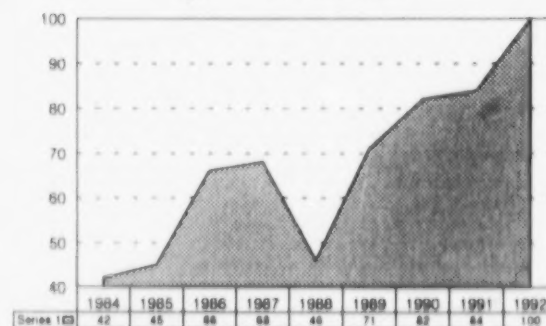


Source: Tennessee Department of Health

*Includes firearm deaths from Homicide, Suicide, Other Accidents

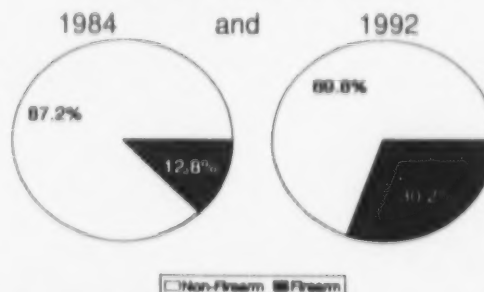
Tennessee Teen Firearm Deaths

Ages 15-19, 1984-1992



Source: Tennessee Department of Health

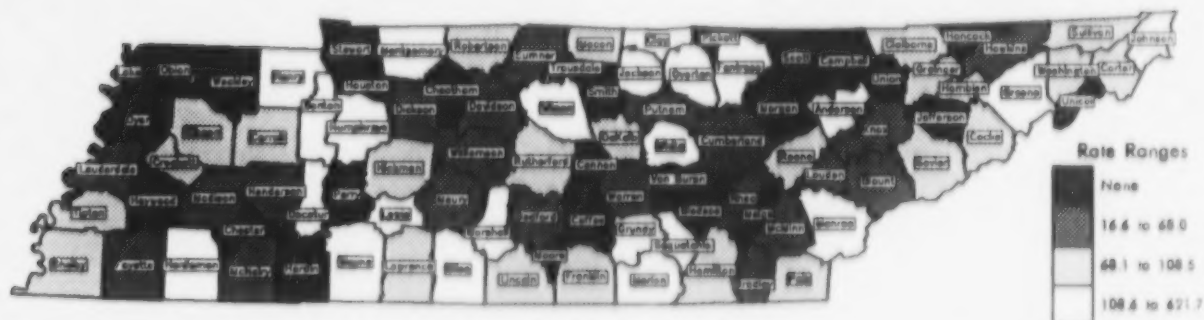
Percent of Tennessee Teen Deaths Caused by Firearms



Source: Tennessee Department of Health

Teen Violent Death Rate (Per 100,000 Teens 15-19), 1991

Note: This rate is Per 100,000, NOT percent.



County	Violent Deaths	
	Number	Rate
Anderson	6	130.3
Bedford	1	44.6
Benton	2	203.9
Bledsoe	0	0.0
Blount	1	16.6
Bradley	4	68.0
Campbell	0	0.0
Cannon	0	0.0
Carroll	2	102.2
Carter	4	104.4
Cheatham	0	0.0
Chester	0	0.0
Claiborne	2	90.7
Clay	1	194.9
Cocke	2	90.0
Coffee	0	0.0
Crockett	1	108.5
Cumberland	1	39.8
Davidson	23	66.2
Decatur	2	284.1
DeKalb	1	98.9
Dickson	1	37.5
Dyer	0	0.0
Fayette	1	47.4
Fentress	2	165.4
Franklin	2	69.0
Gibson	3	93.7
Giles	3	149.5
Grainger	1	77.0
Greene	5	123.4
Grundy	7	621.7
Hamblen	3	76.4
Hamilton	14	68.7

County	Violent Deaths	
	Number	Rate
Hancock	0	0.0
Hardeman	4	227.5
Hardin	0	0.0
Hawkins	1	29.9
Haywood	0	0.0
Henderson	1	65.6
Henry	5	275.9
Hickman	1	84.9
Houston	0	0.0
Humphreys	3	264.3
Jackson	2	314.0
Jefferson	0	0.0
Johnson	2	195.7
Knox	11	44.3
Lake	0	0.0
Lauderdale	1	60.0
Lawrence	2	76.8
Lewis	1	142.2
Lincoln	2	100.4
Loudon	1	45.7
McMinn	2	63.1
McNairy	1	65.0
Macon	1	89.4
Madison	3	49.8
Marion	3	152.1
Marshall	2	126.7
Mauri	1	26.5
Meigs	0	0.0
Monroe	3	116.7
Montgomery	9	112.7
Moore	0	0.0
Morgan	0	0.0
Obion	0	0.0

County	Violent Deaths	
	Number	Rate
Overton	4	302.6
Perry	0	0.0
Pickett	0	0.0
Polk	1	90.9
Putnam	2	42.7
Rhea	1	49.3
Roane	3	87.2
Robertson	3	102.6
Rutherford	7	68.5
Scott	0	0.0
Sequatchie	2	278.9
Sevier	4	107.0
Shelby	64	99.7
Smith	0	0.0
Stewart	0	0.0
Sullivan	7	68.3
Sumner	5	61.6
Tipton	2	68.3
Trousdale	0	0.0
Unicoi	0	0.0
Union	0	0.0
Van Buren	0	0.0
Warren	1	41.9
Washington	6	85.1
Wayne	3	289.0
Weakley	0	0.0
White	3	214.9
Williamson	3	49.3
Wilson	6	120.1
Tennessee	284	77.8
U.S.A.*	NA	71.1

Note: * U.S. rate is from 1994 Kids Count Data Book, The Annie E. Casey Foundation.

Source: Tennessee's Health - Picture of the Present, Part Two, Office of Health Statistics and Information, Division of Information Resources, Tennessee Department of Health, 1993.

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Conclusions and Recommendations

The Teen Report has sought to take an objective look at the well-being of today's Tennessee teens. Clearly, there are problems such as teen pregnancy and teen violence. But all in all, it appears that most teens are going to turn out just fine.

Many dedicated professionals are working to help those who are in trouble or are headed for trouble. A good example is the successful efforts Tennessee state government has made in reducing teen pregnancy.

For teens with high-risk behaviors, special programmatic help is needed. Many of these teens are so disadvantaged that they will not become productive adults unless this help is provided. They are in dire need of assistance because they may be engaged in multiple problem behaviors - of being substance abusers, having early unprotected intercourse, being delinquents, and failing in school.

Six characteristics have been associated with each of the problem behaviors:

1. Early initiation into problem behaviors.
2. Poor achievement in school and low expectations for achievement.
3. Acting out, truancy, antisocial behavior, and conduct disorders.
4. Low resistance to peer influences.
5. Lack of parental support.
6. Living in a deprived neighborhood.

What works to change at-risk behaviors?

Good prevention programs have been found to make profound differences in the participants' lives. Prevention does not mean "stopping something from happening." Prevention, in the context of this report, is an active process of creating conditions and personal attributes that promote the well-being of people. [1]

Research has identified successful models of programs that have been effective in preventing students from dropping out of school, becoming delinquent, abusing drugs, and getting pregnant. These successful models have several strategies in common. They focus on early childhood and family interventions, school-based interventions, and community-based programs.

Early Childhood and Family Interventions

Research during the past 20 years on early childhood and family intervention programs has shown many positive student outcomes: better grades, less failure, higher probability of completing high school and going on to higher education, reduction in wel-

fare dependence, and improvement in students' self-confidence and self-esteem.

The early childhood intervention that was found to be the most effective in the prevention of delinquency, substance abuse, and teen pregnancy is the High/Scope Perry Preschool Project. This project is most significant in that it followed the preschool children through age 27. The results of the project showed that good preschool programs can help children in poverty make a better start in their transition from home to community and thereby set more of them on paths to becoming economically self-sufficient, socially responsible adults. Over the lifetimes of the participants, the program returns to the public an estimated \$7.16 for every dollar invested. [2]

School-Based Interventions

The curricula used in schools, the schools' organization, special services and counseling, school-based clinics, and alternative high schools are strategies that research has found effective in preventing high-risk behaviors.

Curricula stressing problem-solving skills, social skills training, moral reasoning training, and law-related education are effective in preventing delinquency. Life skills training, interpersonal skills training, and life planning have been shown to be effective in preventing teen pregnancy, substance abuse, and delinquency.

The organization of the school has a great impact on students. Classroom management, cooperative learning arrangements, and the school team approach are effective in preventing adolescent pregnancy and delinquency.

Community-Based Interventions

Child-serving agencies, community agencies, and departments of state and local governments have organized in many areas of the U.S. to develop strong programs to prevent school failure, adolescent pregnancy, substance abuse, and delinquency. Some of these programs are: targeted outreach, juvenile court volunteers, runaway and homeless youth shelters, family planning clinics, adopt-a-student programs, and summer employment programs.

What Must Be Done

Tennessee communities, businesses, schools, families and citizens must come together to provide prevention, early intervention and other strategies to ensure all Tennessee teens have the opportunity to develop into productive adults.

References

Teen Pregnancy

1. Dryfoos, J.G., (1990) Adolescents At Risk: Prevalence and Prevention. New York: Oxford University Press, p. 65
2. *Ibid.*
3. *Ibid.*
4. U.S. General Accounting Office, Health and Human Services Division, January 1994.
5. Child Trends, Inc., (January, 1994). Facts at a Glance. Washington, D.C.
6. Dryfoos, J.G., (1990) Adolescents at Risk: Prevalence and Prevention. NY: Oxford University Press, p. 70
7. The Annie E. Casey Foundation, (1994) Kids Count Data Book: State Profiles of Well-Being
8. National Center for Education Statistics, (October, 1993). Youth Indicators 1993: Trends in the Well-Being of American Youth. Washington, D.C.: U.S. Department of Education, Office of Educational Research and Improvement
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12. Child Trends, Inc., (January, 1994). Facts at a Glance. Washington, D.C.
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15. *Ibid.*
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Drug Abuse

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